

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

CITY OF SUNNYVALE, CA
CITY CLERK'S OFFICE

A Public Document

2009 APR -3 A 11:30

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Swegles	Ron		(408) 734-8900	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
1111-195 Morse Ave		Sunnyvale	CA	94089
			OPTIONAL: FAX / E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

City Council

Division, Board, District, if applicable:

Council Member

Your Position:

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ County of _____

☒ City of SUNNYVALE

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

☐ The period covered is ____/____/____, through December 31, 2008.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed APRIL 3, 2009
(month, day, year)

Signature [Signature]
(File the originally signed statement with your filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name RON SWEEPLES

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Brandenburg, Staedler & Moore

ADDRESS

1122 Willow St. Suite 200

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Community Administrator

YOUR BUSINESS\$ POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____ (Describe) _____

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

INTEREST RATE

TERM (Months/Years)

_____ % ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____ (Describe)

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>RON SWEGLER</u>

► NAME OF SOURCE
Macy's

ADDRESS
200 W. Washington Ave. Sunnyvale, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Department Store

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / / 08</u>	<u>\$ 500.00</u>	<u>Raffle Prize</u>
<u>/ /</u>	<u>\$</u>	<u></u>
<u>/ /</u>	<u>\$</u>	<u></u>

► NAME OF SOURCE
League of California Cities

ADDRESS
Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 17 / 08</u>	<u>\$ 45.00</u>	<u>Lunch</u>
<u>04 / 02 / 08</u>	<u>\$ 29.27</u>	<u>Lunch</u>
<u>/ /</u>	<u>\$</u>	<u></u>

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>/ /</u>	<u>\$</u>	<u></u>
<u>/ /</u>	<u>\$</u>	<u></u>
<u>/ /</u>	<u>\$</u>	<u></u>

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>/ /</u>	<u>\$</u>	<u></u>
<u>/ /</u>	<u>\$</u>	<u></u>
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<u>/ /</u>	<u>\$</u>	<u></u>
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<u>/ /</u>	<u>\$</u>	<u></u>
<u>/ /</u>	<u>\$</u>	<u></u>
<u>/ /</u>	<u>\$</u>	<u></u>

Comments: _____
